School-Based Behavioral Health Screening Initiative Informational Webinar

April 9, 2015

Agenda & Introductions

What?

- Youth Behavioral Health
- 2. History of Initiative
- 3. Demonstration Phase
- 4. Expansion Phase
- 5. Questions & Answers

Who?

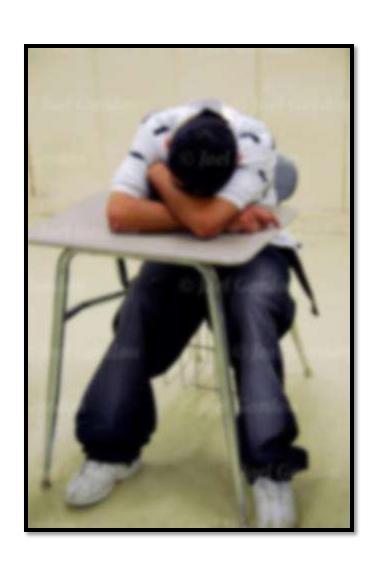
- Heather M. Dearing (CHFS)
- Dr. Vestena Robbins (DBHDID)
- Johnny Collett (KDE)
- Melissa Goins (FRYSC)

Youth Behavioral Health

- 20 25% of adolescents experience a diagnosable mental health disorder before age 18
- Untreated mental health problems in adolescents can lead to an increase their use of addictive substances
- Substance use and abuse can be difficult to discern as something different from mental health issues, and they are often times "cooccurring"
- Adolescents with co-occurring disorders are at higher risk of a wide variety of negative factors than those with either condition alone



Behavioral Health in the Classroom



- Behavioral health issues often present in the classroom in a wide array of internalized and externalized behavior
- When we recognize these behaviors as <u>symptoms</u> of a greater need, rather than as isolated problems, we can help a student get the intervention they need

With intervention, students with behavioral health needs can continue toward college and career readiness, rather than becoming involved with the juvenile justice or social service systems.



"Screening to identify students at risk for school failure or psychological or behavioral problems is increasingly recognized as an important professional practice.

Both the President's Commission on Excellence in Special Education and the 2001 No Child Left Behind Act have strongly endorsed this approach."

Initiative History

December 2013

- Attorney General Conway announced \$32 million in settlements with two pharmaceutical companies
- \$12 million allocated directly to residential substance use treatment providers
- \$20 million allocated for KY Kids Recovery, a juvenile SA treatment grant program
- Includes \$1 million for the Division of Behavioral Health (DBH), to implement a school-based substance use screening tool to intervene with at-risk youth



High-level commitment for school-based screenings:

- First Lady Jane Beshear
- CHFS Secretary Audrey Tayse Haynes
- DBHDID Commissioner Mary Begley
- KDE Commissioner Terry Holliday

Initiative Goals

Short Term

- To assist school-based staff in identifying students who may be dealing with behavioral health challenges
- To provide access to a lowcost/easy-to-administer screening tool and associated training
- To screen students for behavioral health challenges and refer them for additional assessment and services, if needed

Long Term

- All school staff are trained to identify behavioral health challenges in the classroom
- Every school has 2-3 trained screeners for behavioral health
- Students are referred for screening, rather than to the office!

Initiative Implementation Phases

Phase I: Demonstration

Phase II: Expansion

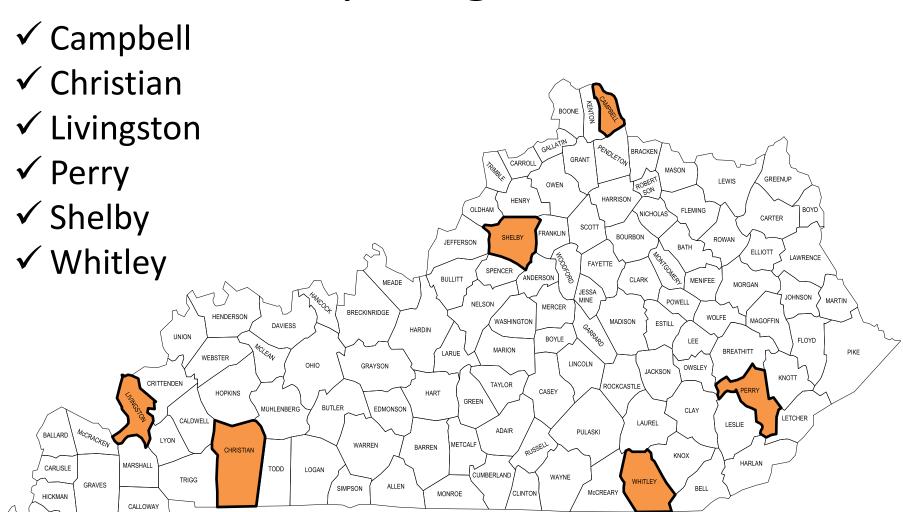
Phase III: Statewide Rollout

- Implementation in six districts, based on readiness
- Engage local collaborative partners

- Expand to targeted districts
- Roll out to remaining districts
- Continue technical assistance

Demonstration Phase

Participating Districts



Demonstration Expectations

Districts selected:

- 1 High School
- 1 Middle School
- 1 Additional School (alternative, day treatment, etc.)
- A district-level point of contact for project



Schools:

- Identified 2-3 screeners at each school
- Completed online-training
- Shared information and feedback for evaluation
- Conducted screenings
- Made referrals for assessment, when appropriate

GAIN-Short Screener (SS)

Designed to quickly and accurately identify students who would be flagged as having one or more behavioral health disorders

Periodically measures change in behavioral health over time

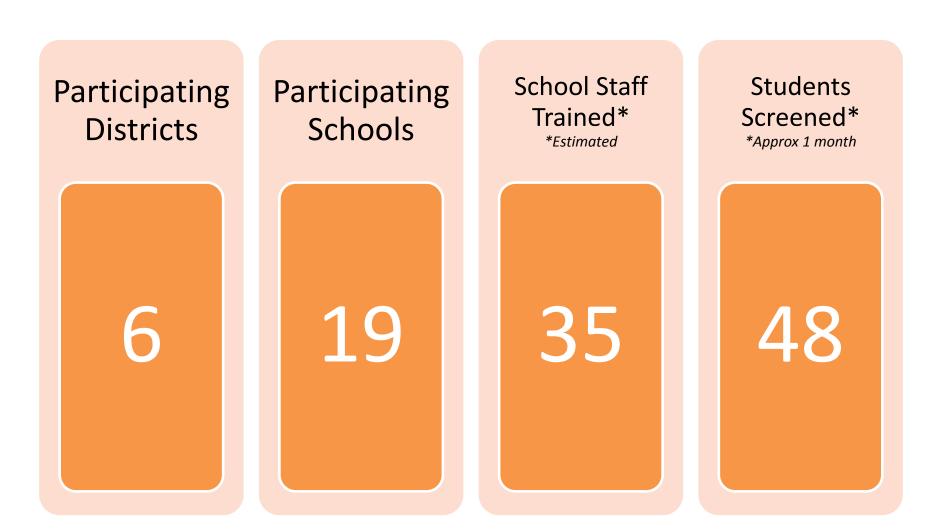
Staff-administration with paper/pen or on the web

Has 23 scored items, divided into four sections:

- Internalizing Disorder
- Externalizing Disorder
- Substance Disorder
- Crime/Violence



Demonstration Outputs



Demonstration Screening Results

	Total Screened	High Mental Health Need Identified	High Substance Use Need Identified
District 1	6	6 (100%)	5 (83%)
District 2	9	5 (56%)	0 (0%)
District 3	8	6 (75%)	5 (63%)
District 4	2	1 (50%)	0 (0%)
District 5	12	6 (50%)	1 (8%)
District 6	11	10 (91%)	0 (0%)
Total	48	34 (71%)	11 (23%)

Lessons Learned

From Implementation Evaluation & Districts



Parental notification and consent

Talking with parents

Identifying students to screen

Engaging local providers

Technical assistance

Screening tool training availability

Online access to information and materials

Expansion Phase

Expansion Phase: Benefits



Implementation stipend



Training and technical assistance with a variety of related topics



Outreach and educational materials about behavioral health and education



Ongoing access to a web-based behavioral health screening tool

Expansion Phase: Expectations



Identify one district-level point of contact (e.g., DPP) to be responsible for overseeing implementation



Identify three schools (if possible) serving grades 5-12 to participate



Identify 2-3 staff at each participating school who will complete training on the screening tool and screen students

Expansion Phase: Expectations



Complete user-agreements for the web-based screening tool



Participate in state and local implementation team meetings



Participate in evaluation of the demonstration project

Expansion Phase: Timeline

April 15

Initiative webpage launches

April 22

• Deadline for signing on to Initiative (Statement of Assurance)

April 23

Orientation webinar for participating districts

April 30

All paperwork must be completed/submitted

Expansion Phase: Timeline

May 7

GAIN training available

May 12

Deadline for screeners to complete training

May 13

Screening begins

Last Day of School

Deadline for students to be screened (3 students per school)

Demonstration Districts Contact Info

Campbell County School District
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Questions?



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